

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5172BPR</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/18/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>LTC - CONTINUUM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4709 SOPHIA WAY</b> <b>N LAS VEGAS, NV 89032</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p>Initial Comment</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility from 12/20/10 to 1/18/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. One client file was reviewed.</p> <p>Complaint #NV00027115: - The allegation regarding inappropriate referral was substantiated See Tag 020 and 022. - The allegation of a violation of resident rights was unsubstantiated through interview and record review.</p> <p>#NV00027115: The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 12/20/10.</p> <p>The investigation for the allegation a resident's rights were violated included interviews with the resident's wife and the director of the referral agency; and a review of the resident's medical information. It was alleged the resident was inappropriately placed in a facility licensed to care for residents with Alzheimer's disease or related dementias. It was determined from medical records the resident had suffered a stroke, was confused with mild dementia, had impairment with short term memory and some impairment with long term memory. The resident's family member reported she selected the care facility based on proximity to their personal residence.</p>	K 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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K 020 SS=G	<p>NAC 449.27829 Responsibilities of referral Agency</p> <p>1. A referral agency shall: (a) Complete a needs assessment and financial assessment for each client and make referrals for the services that would best meet the physical, psychosocial and financial needs and wishes of the client; and This Regulation is not met as evidenced by: Nevada Administrative Code (NAC) 449.271 (1) Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he requires gastrostomy care.</p> <p>NAC 449.2736(1) The administrator of a residential facility may submit to the division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as resident of the facility pursuant to NAC 449.271 to 449.2734.</p> <p>Based on observation, interview and record review from 12/20/10 to 1/18/11, the referral agency referred 1 of 1 clients with a prohibited medical condition to a group home that could not provide services to meet the physical needs of the client (Client #1).</p> <p>Findings include:</p> <p>Client # 1 was a 62 year-old man diagnosed with multiple sclerosis, diabetes, hypertension and a coccyx ulcer. In addition, Client #1 had an above the knee right leg amputation, was bedfast and had a gastronomy tube (g-tube) for feeding, fluids and medications.</p> <p>The referral agency records showed they conducted an assessment on Client #1 on</p>	K 020			

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K 020	<p>Continued From page 2</p> <p>3/30/10, prior to making a referral to Facility #1 for placement. The records indicated that on 8/18/10, the referral agency owner/director, Employee #1, called the Bureau of Health Care Quality and Compliance (BHCQC) and spoke with a surveyor to determine what documentation would be required if group home wanted to admit a patient with a g-tube. The referral agency records indicated that Facility #1's acting administrator was informed of the need to submit exemption request documentation to BHCQC in order for a patient with a g-tube to be admitted to her facility; that Client #1's family toured Facility #1 and put down a room deposit; and that the assistant administrator for Facility #1 was informed that "on the day or before patient is discharged", she was expected to compensate the referral agency for the referral.</p> <p>During an interview, the owner of Facility #1 indicated the referral agency informed her of the need to apply for an exemption from BHCQC to admit and retain a resident with g-tube as it was prohibited medical condition in a group care home (NAC 449.271(1)). She stated the referral agency provided her the exemption request paperwork as allowed by NAC 499.2736(1) and she gave the paperwork to Client #1's home health agency for completion. The owner stated she thought the home health agency would submit the exemption request paperwork to the BHCQC. She stated she did not followed up with the home health agency or BHCQC to ensure an exemption request was submitted and approved prior to admitting Client #1. The referral agency failed to follow up with Facility #1 to ensure the facility obtained BHCQC approval to admit Client #1 who required feeding, fluids and medications through a g-tube.</p>	K 020			

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K 020	Continued From page 3  The referral agency referred Client #1 to a group home for a placement that was inappropriate for a client with an active g-tube. The client was admitted to the facility on 8/25/10. Client #1 was subsequently transferred out of the facility to a more appropriate level of care on 11/14/10.  Severity: 3      Scope: 1	K 020			
K 022 SS=G	NAC 449.27829 Responsibilities of Referral Agency  2. A referral agency shall not: (a) Accept any fee, inducement or incentive, for any reason, from a residential facility for groups or from any person or entity associated with a residential facility for groups. This Regulation is not met as evidenced by: Based on interview and record review from 12/20/10 to 1/18/11, the facility failed to ensure that fees were not accepted, for any reason, from a residential facility for groups for the referral of 1 of 1 clients (Client #1).  Findings include:  Client #1 was admitted to Facility #1 on 8/25/10. A client service agreement, signed on 8/2/10, between this referral agency and the wife of Client #1 documented the referral agency would collect \$1,000.00 from the family as a placement service fee. The owner/director of this referral agency, Employee #1, stated Client #1's wife paid the \$1,000 referral fee, but the director was unable to provide documentation of the client's wife payment. During an interview, Client #1's wife stated she did not pay the referral agency a referral fee. The director also reported the owner of Facility #1 paid her a \$1,000.00 for a marketing fee during this time.	K 022			

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K 022	<p>Continued From page 4</p> <p>Client #1 file notes dated 8/18/10, obtained from the referral agency director, documented the owner of Facility #1 was informed, "on the day or before patient is discharged", she was expected to compensate the referral agency for the referral. The owner of Facility #1 stated she was aware she had to pay a \$1,000 fee to have Client #1 referred to her facility. She showed that on 8/24/10, she paid the referral agency \$1,000.00 for the referral of Client #1 who was moved to her facility on 8/25/10. Facility #1's owner provided a copy of the referral agency invoice #1164 dated 8/24/10 which was a bill to the facility for \$1,000.00. The invoice indicated it was for an "Internet Marketing Service Fee." A copy of the check made out to the referral agency from Facility #1 was dated 8/25/10 for the amount of \$1,000.00 and referenced invoice #1164.</p> <p>It was determined the referral agency collected a fee of \$1,000.00 from the licensed facility for placement of Resident #1 instead of from the client or the client's family.</p> <p>Severity: 3    Scope: 1</p>	K 022			

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